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| Part A. Please share as much as you are able to, and feel comfortable providing, about the following six questions so we understand more about why you want to partner with Barwon Health as a Consumer Advisor. |
| Question. 1 Please can you describe why you would like to partner with Barwon Health as a Consumer Advisor. |
| Question 2. Ideally Consumer Advisors are well connected with their community. Please can you describe how you are connected to your community? Are you a member of any community groups? Please list them and describe your involvement. |
| Question 3. Barwon Health wants to partner with consumers that reflect the diversity of people living in the Barwon Health catchment. If you are comfortable to do so, please would you share how you could represent the diversity of the Barwon Health community. |
| Question 4. Do you have experience as a patient of Barwon Health? If you are comfortable to do so, can you describe how your experience might help you in your role as a Consumer Advisor? |
| Question 5. Do you have experience as a carer (family member or close friend) or someone who has been a patient of Barwon Health? If you are comfortable to do so, can you describe how your experience might help you in your role as a Consumer Advisor? |
| Question 6. Is there a particular committee, project or department or service you would like to work with and why? |

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| Part B. Please provide the following personal details | |
| Title: |  |
| First name: |  |
| Surname: |  |
| Postal address: |  |
| Email address: |  |
| Telephone number: |  |
| Languages spoken: |  |
| Current or previous area of occupation |  |
| Qualifications |  |
| Barwon Health is Smoke Free.  Barwon Health is committed to health screening and immunisation to protect its staff, consumer advisors, volunteers and patients against preventable diseases. | |
| Contact details: | Consumer Engagement Manager  Email address: [consumer.advisor@barwonhealth.org.au](mailto:consumer.advisor@barwonhealth.org.au)  Phone number: (03) 4215 8922 |